AZ Form (Rev. 10/2018)  Case 4:23-QVm 10/2500 drice of th Doggal Shows to the Control of the Con				ntal6 Filed 08/17/23 P	DUE DATE:	
1. NAME			2. PHONE NUMBER	3. DATE		
4. FIRM NAME					l	
5. MAILING ADDRESS				6. CITY	7. STATE	8. ZIP CODE
9. CASE NUMBER 10. JUDGE				PROCEEDINGS		
13. CASE NAME				11.	12. OF PROCEEDINGS	
15. CASE IVAIVIE				14.	15. STATE	
16. ORDER FOR						
APPEAL CRIMINAL				CRIMINAL JUSTICE ACT	BANKRUPTCY	
NON-APPEAL CIVIL				IN FORMA PAUPERIS OTHER (Specify)		
17. TRANSCRIPT I	REQUESTED (Specify port	tion(s) and date	(s) of proceeding(s) for	which transcript is requested.)		
PC	ORTIONS	DATE(S)		PORTION(S)	DATE(S)	
VOIR DIRE				TESTIMONY (Specify)		
OPENING STATEMENT (Plaintiff)						
OPENING ST.	ATEMENT (Defendant)					
CLOSING AR	GUMENT (Plaintiff)			PRE-TRIAL PROCEEDING		
	GUMENT (Defendant)					
OPINION OF COURT						
JURY INSTRUCTIONS				OTHER (Specify)		
SENTENCINO						
BAIL HEARIN	NG					
18. ORDER	ORIGINAL + 1	FIRST	# OF	DELIVERY INSTRUCTIONS		
CATEGORY	(original to Court, copy to ordering party)	COPY	ADDITIONAL COPIES	(Check all that apply.)	ESTIMAT	TED COSTS
30 DAYS				PAPER COPY		
14 DAYS						
7 DAYS(expedited)				PDF (e-mail)		
3 DAYS						
DAILY				ASCII (e-mail)		
HOURLY						
REALTIME				E-MAIL ADDRESS		
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).						
19. SIGNATURE Sarah S. Letzkus				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE		0				
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	ВҮ	PROCESSED BY	PHONE NUM	1BER
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

**DISTRIBUTION:** COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY